

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	44-6		3/16/69
O.I.P.E. CLASSIFIER	49		2/21/50
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	59222	5900	

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	12/1
2	1/1
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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